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|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 09/337584-Conf. #9169 |
| | | Filing Date | June 21, 1999 |
| | | First Named Inventor | Arthur M. Krieg |
| | | Examiner Name | N. M. Minnifield |
| | | Art Unit | 1645 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | C1039.70020US00 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,365.00 |

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | |
|--|--------------|----------|
| | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - = _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 _____ (round up to a whole number) x _____ = _____ | | |

4. OTHER FEE(S) (Applicants paid a 2 month extension of time on 11/28/05; Paying difference between 3 month and 2 month extension of time)

| | Fees Paid (\$) |
|---|----------------|
| Other (e.g., late filing surcharge): | |
| 1253 Extension for response within third month | 570.00 |
| 1801 Request for continued examination (RCE) (see 37 ...) | 795.00 |

SUBMITTED BY

| | | | | | |
|-------------------|--------------------------|-----------------------------------|-------------------|-----------|----------------|
| Signature | <u>Helen C. Lockhart</u> | Registration No. (Attorney/Agent) | 39,248 | Telephone | (617) 646-8259 |
| Name (Print/Type) | Helen C. Lockhart | Date | December 22, 2005 | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 22, 2005 Signature: Helen C. Lockhart (Helen C. Lockhart)